

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA  SUBJECT INFORMATION <input type="checkbox"/> DNA  REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	1. DATE OF INCIDENT 09-SEP-2016	TIME 23:31:00	2. ADDRESS OF OCCURRENCE 2534 W DIVISION ST CHICAGO, IL 60622	3. LOCATION CODE 304	4. BEAT/OCCUR 1423	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input checked="" type="checkbox"/> 03 OTHER REPT VIDEO		
	6. POSITION 9161	7. LAST NAME FREEMAN	8. FIRST NAME SHARMAUN D	9. STAR NO. 11568	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE BLK	12. AGE 505	13. HT. 180
	15. DATE OF APPT. 25-JUN-2001	16. EMPLOYEE NO. 193	17. UNIT & BEAT OF ASSIGNMENT 6580	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME ARQUERO	22. FIRST NAME MICHAEL	23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE WWH	26. D.O.B. 14-SEP-1983	27. HT. 510	28. WT. 225
	29. ADDRESS 2943 N FAIRFIELD AVE CHICAGO, IL 60618	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL NOT DETERMINED IF SH						
	36. BY WHOM? DR. DENNIS	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	38. CHARGES PLACED 720 ILCS 5.0/9-1-A-1	39. CB NO. 19368968	40. SUBJECT'S ACTIONS  MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION LRAD WITH AUTHORIZATION OTHER _____	41. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____	42. ACTIVE RESISTER FLED PULLED AWAY OTHER _____	43. ASSAULTANT:ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	44. ASSAULTANT:BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____ PERCEIVED AS _____	45. ASSAULTANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____ PERCEIVED AS _____
	  WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	46. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	47. RANK	48. STAR NO.	49. UNIT NO.	50. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	51. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	52. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	53. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	54. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member					
55. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	56. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	57. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	58. WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR					
59. WEAPON SERIAL NO. (Include Letters) RFZ765	60. MAKE/MANUFACTURER GLOCK, INC -AU-	61. MODEL 30	62. BARREL LENGTH 4	63. CALIBER/GAUGE 45 ACP				
64. TASER DART ID NO.	65. PROPERTY INVENTORY NO.	66. CHICAGO GUN REG. NO. RO202265	67. IL FIREARM OWNER ID. NO. 25740119	68. HANDGUN CERTIFICATE NO.				
69. SPECIAL WEAPON CERTIFICATE NO.	70. PROPERTY INVENTORY NO.	71. TYPE OF AMMUNITION USED Department Issued	72. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	73. TOTAL NO. OF SHOTS MEMBER FIRED 4				
74. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	75. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	76. NO OF CARTRIDGES/SHOT SHELLS RELOADED	77. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	78. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
79. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	80. SPECIFY METHOD/EQUIPMENT USED TO RELOAD							
81. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE	82. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
83. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input checked="" type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	84. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							

162531868  
HZ42777  
75-ENT-NO  
76-RD-ON

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE            NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC            NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC            Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>				75. EVENT NO. <b>1625318658</b>
	78. ADDITIONAL INFORMATION <b>MEMBER OBSERVED OFFENDER/ASSAILANT FIRING A HANDGUN AT OCCUPANT OF VEHICLE, STRIKING HIM. MEMBER FIRED HIS HANDGUN IN DIRECTION OF OFFENDER IN DEFENSE OF THIS VICTIM'S LIFE. IT IS NOT KNOWN IF ASSAILANT WAS STRUCK BY OFFICER OR ADDITIONAL OFFENDER(S).</b>				
SIGNATURES	79. REPORTING MEMBER (Print Name) <b>CHUDZIK, WALTER T</b> 10-SEP-2016 06:13:43	STAR/EMPLOYEE NO. <b>2273</b>	SIGNATURE 	76. R.D. NO. <b>HZ427779</b>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
	80. REVIEWING SUPERVISOR (Print Name) <b>CHUDZIK, WALTER T</b>	STAR NO <b>2273</b>	SIGNATURE 	DATE REVIEWED <b>10-SEP-2016</b>	TIME <b>06:15:36</b>

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

**81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DNA

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

Subject in surgery.

**82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

As of this report, no further action by the undersigned is required. Investigation into this incident will be done by Area North Detective Division and appropriate criminal charges have not yet been determined. Based on the facts available at this time, further investigation is needed.  
U# 16-017

**83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

**84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082195 OBTAINED

**85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**

**WILLIAMS, TERENCE V**

**86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)**

**87. DISTRIBUTION OF TRR:**

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

**10-SEP-2016 06:28:38**